Bill No. CS/HB 7047

Amendment No.

		CHAMBER	ACTION			
	Senate			House		
кер	resentative(s) Galvano	o ollered	the IOL	lowing:		
	Amendment (with tit]	le amendm	vent)			
	Between lines 392 ar		-			
	Section 6. Paragrap			o subsectio	on (1) c	of
sect	tion 393.0661, Florida				511 (1) 0	~ <b>_</b>
5000	393.0661 Home and o				liverv	
svst	cem; comprehensive rec	-			-	- the
-	e and community-based	-	-			
	n developmental disabi					
	ropriated funds are tw				-	na
	vices available. There					
	islature that the Ager					shall
~	elop and implement a d	-				
	(1) The redesign of	-		-	-	
svst	cem shall include, at			-		
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achieve an appropriate rate structure, client choice within a 17 specified service package, appropriate assessment strategies, an 18 efficient billing process that contains reconciliation and 19 monitoring components, a redefined role for support coordinators 20 21 that avoids potential conflicts of interest, and ensures that family/client budgets are linked to levels of need. 22 (c) By December 1, 2007, the Agency for Persons with 23 Disabilities, in consultation with the Agency for Health Care 24 Administration, shall create a model service delivery system 25 26 pilot project for persons with developmental disabilities who receive services under the developmental disabilities waiver 27 program administered by the Agency for Persons with 28 29 Disabilities. Persons with developmental disabilities who 30 receive services under the family and supported living waiver program or the consumer-directed care plus waiver program 31 administered by the Agency for Persons with Disabilities may 32

33 also be included in the system if the agency determines that

34 such inclusion is feasible and will improve coordination of care

35 and management of costs. The system must transfer and combine

36 <u>all services funded by Medicaid waiver programs and services</u>

37 <u>funded only by the state, including room and board and supported</u>

38 living payments, for individuals who participate in the system.

39 The pilot project shall document increased client outcomes that

40 are known to be associated with a valid needs assessment of the

41 level of need of the client, rate setting based on the level of

42 <u>need, and encouragement of the use of community-centered</u>

43 services and supports. The pilot project shall implement strong

44 <u>utilization control, such as capped rates, in order to ensure</u> 350751 4/6/2007 5:15:54 PM

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45	predictable and controlled annual costs. Medicaid service
46	delivery, including, but not limited to, service authorization,
47	care management, and monitoring shall be managed locally through
48	the area office of the Agency for Persons with Disabilities in
49	order to encourage provider development. Support coordination
50	services shall be available to individuals participating in the
51	pilot program.
52	1. The Legislature intends that the service delivery
53	system provide recipients in Medicaid waiver programs with a
54	coordinated system of services, increased cost predictability,
55	and a stabilized rate of increase in Medicaid expenditures while
56	ensuring:
57	a. Consumer choice.
58	b. Opportunities for consumer-directed services.
59	c. Access to medically necessary services.
60	d. Coordination of community-based services.
61	e. Reductions in the unnecessary use of services.
62	2. The Agency for Persons with Disabilities shall
63	implement the system on a pilot basis in Area 1 and may conduct
64	a similar pilot in an urban area of the Agency for Persons with
65	Disabilities, in consultation with the Agency for Health Care
66	Administration. After completion of the development phase of the
67	system, attainment of necessary federal approval, selection of
68	qualified providers, and rate setting, the Agency for Persons
69	with Disabilities shall delegate administration of the system to
70	the administrator of the agency's local area office. The Agency
71	for Persons with Disabilities shall set standards for qualified
72	providers and provide quality assurance, monitoring oversight,
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73	and other duties necessary for the system. The enrollment of
74	Medicaid waiver recipients into the system in pilot areas shall
75	be mandatory.
76	3. The local area office shall administer the pilot
77	program and shall be responsible for ensuring that the costs of
78	the program do not exceed the amount of funds allocated for the
79	program. The agency area administrator shall also:
80	a. Identify the needs of the recipients using a
81	standardized assessment process approved by the agency.
82	b. Allow a recipient to select any provider that has been
83	qualified by the agency, provided that the service offered by
84	the provider is appropriate to meet the needs of the recipient.
85	c. Make a good faith effort to select qualified providers
86	currently providing Medicaid waiver services for the agency in
87	the pilot area.
88	d. Develop and use a service provider qualification system
89	approved by the agency that describes the quality of care
90	standards that providers of service to persons with
91	developmental disabilities must meet in order to provide
92	services within the pilot area.
93	e. Exclude, when feasible, chronically poor-performing
94	providers and facilities as determined by the agency.
95	f. Demonstrate a quality assurance system and a
96	performance improvement system that are satisfactory to the
97	agency.
98	4. The agency must ensure that the rate-setting
99	methodology for the system reflects the intent to provide
100	quality care in the least restrictive setting appropriate for
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101	the recipient and provide for choice by the recipient. The
102	agency may choose to limit financial risk for the pilot area
103	operating the system to cover high-cost recipients or to address
104	the catastrophic care needs of recipients enrolled in the
105	system.
106	5. Within 24 months after implementation, the agency shall
107	contract for a comprehensive evaluation of the system. The
108	evaluation must include assessments of cost savings, cost-
109	effectiveness, recipient outcomes, consumer choice, access to
110	services, coordination of care, and quality of care. The
111	evaluation shall include, but not be limited to, an assessment
112	of the following aspects:
113	a. A study of the funding patterns of the cost-prediction
114	methodology before and after implementation of the pilot
115	program;
116	b. A study of the service utilization patterns of the
117	cost-prediction methodology before and after implementation of
118	the pilot program;
119	c. The accuracy of the cost-prediction methodology in
120	explaining and predicting funding levels for individuals
121	receiving each of the three waivers in the pilot areas;
122	d. The accuracy of the cost-prediction methodology and a
123	plan for dealing with cases involving individuals with the
124	highest and lowest support needs and funding levels;
125	e. A survey of consumer satisfaction regarding consumer
126	choice, scope of services, and proposed funding levels generated
127	by the cost-prediction methodology in the pilot areas;
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128	f. The applicability of the cost-prediction methodology
129	to explain and predict funding levels for all individuals
130	receiving the waivers;
131	g. The robustness of the cost-prediction methodology to
132	withstand appeals and grievances; and
133	h. A systematic comparison of the outcomes in both pilot
134	areas and the different models that are demonstrated.
135	6. Each pilot area shall form an advisory committee that
136	includes representatives from the stakeholder community,
137	including persons with disabilities, family members of persons
138	with disabilities, members of disability advocacy groups, and
139	representatives of program service providers to provide feedback
140	and monitor the implementation of the pilot program on at least
141	a quarterly basis.
142	7. The Agency for Persons with Disabilities shall form an
143	advisory committee that includes representatives from the
144	stakeholder community, including persons with disabilities,
145	family members of persons with disabilities, members of
146	disability advocacy groups, and representatives of program
147	service providers to provide feedback and monitor the
148	implementation of the pilot program from a statewide
149	perspective.
150	8. The advisory committees shall submit reports evaluating
151	the progress of the pilot programs to the President of the
152	Senate and the Speaker of the House of Representatives on a
153	quarterly basis.
154	9. The agency shall submit a report that describes the
155	administrative or legal barriers to the implementation and
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156	operation of the system, including recommendations regarding
157	statewide expansion of the system and a recommendation for the
158	model service delivery system to be implemented statewide, to
159	the Governor, the President of the Senate, and the Speaker of
160	the House of Representatives no later than December 31, 2008.
161	10. The agency, in coordination with the Agency for Health
162	Care Administration, may seek federal waivers or Medicaid state
163	plan amendments and adopt rules as necessary to administer the
164	system on a pilot basis. The agency must receive specific
165	authorization from the Legislature prior to expanding beyond the
166	pilot areas designated for the implementation of this system.
167	Further expansion of this pilot project requires approval by the
168	Legislature.
169	
170	====== T I T L E A M E N D M E N T =======
171	Remove line(s) 16 and insert:
172	anesthesiologist assistant; amending s. 393.0661, F.S.;
173	requiring the Agency for Persons with Disabilities, in
174	consultation with the Agency for Health Care Administration, to
175	implement federal waivers to create a model service delivery
176	system pilot project for Medicaid recipients with developmental
177	disabilities; providing legislative intent; providing for
178	implementation of the system on a pilot basis in certain areas
179	of the state; providing for administration of the system by the
180	Agency for Persons with Disabilities; providing requirements for
181	selection of service providers to operate the system; providing
182	for mandatory enrollment in pilot areas; requiring an evaluation
183	of the system; providing for the formation of local and 350751 4/6/2007 5:15:54 PM
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184 statewide advisory committees; requiring the committees to 185 submit quarterly reports to the Legislature; requiring the 186 agency to submit a report to the Governor and Legislature; 187 authorizing the agency to seek federal waivers or Medicaid state 188 plan amendments and adopt rules; requiring the agency to receive 189 specific authorization from the Legislature before expanding the 190 system; providing an effective date.